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ABSTRACT

Citing other studies, this paper provides a background overview regarding the design of a lifelong career development model for severely handicapped individuals which is now in progress at the University of Missouri-Columbia. The Rehabilitation Act of 1973, the Education for All Handicapped Children Act, the Educational Amendments of 1976 (Vocational Education), and the Lifelong Learning Act of 1976 have made it imperative that such programs be developed. Lifelong learning is defined and the extent that its philosophy has pervaded modern society is described. Societal changes require new conceptualizations of self, work, and the world as a whole. In this context deficiencies in opportunity for the handicapped are documented and a new conceptual model to alleviate these needs is outlined. Principles to follow in setting up a delivery service must include viewing the client as an active agent, capable of making decisions as a partner in the process of education and rehabilitation. Through the development and implementation of the Lifelong Career Development Project, it will be possible for handicapped individuals to find the support and coordinated services necessary to enable them to function at their fullest potential and effectively meet their lifelong learning needs. The role of the community colleges to implement these goals is also discussed. A bibliography is included. (Author/MB)

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Lifelong Learning and Career Development Needs of the Severely Handicapped

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JoAnn M. Schoepke

Lifelong Career Development Project

University of Missouri-Columbia

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LIFELONG LEARNING AND CAREER DEVELOPMENT NEEDS OF THE SEVERELY HANDICAPPED

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and

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WORKING PAPER NO.1
LIFELONG CAREER DEVELOPMENT PROJECT

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FOREWORD

The University of Missouri-Columbia was awarded a three-year Research and Demonstration Grant from the U.S. Office of Education's Bureau of Education for the Handicapped (BEH) for the period September 1, 1978 - August 31, 1981, to design a Lifelong Career Development Model for Severely Handicapped Individuals. The project, entitled the "Lifelong Career Development (LCD) Project", is an offshoot of a previous BEH project (Project PRICE) which was conducted at this university from 1974-1977. The product results from Project PRICE are now available from the Council for Exceptional Children (CEC) in the form of two publications: Life-Centered Career Education: A Competency - Based Approach (1978) and Trainer's Guide for Life-Centered Career Education (1978).

The LCD Project focuses on the lifelong learning and guidance needs as they relate primarily to the 22 career development competencies identified from Project PRICE as those which are most critical for community functioning (Appendix). Using the community college as a central coordinating agency, the project has the following objectives.

- To develop a conceptual career development prototype model that can be implemented at a community college to assure and coordinate continuous delivery of services to severely handicapped individuals throughout their lifetime;
- To develop a staff development training program and materials to train various types of community personnel to provide lifelong career development services to severely handicapped individuals;
- To implement and field test the prototype staff development training to determine its applicability for community settings; and
- To implement and field test a comprehensive career development training program for severely handicapped individuals which will effectively meet their lifelong learning needs.

Seven major types of handicapping conditions are being considered in this project: orthopaedic, visual, hearing, mental retardation, epilepsy, cerebral palsy, and multiply handicapped. Advisory Committees are giving input and direction: a National Advisory Committee, Community College Advisory Committee, and a University of Missouri Advisory Committee. In addition, each of the three community colleges involved in the project have formed their own local community advising committees.

The project will result in a prototype model and inservice training package consisting of a 1) Lifelong Career Development Inservice Trainer's Guide and 2) a Career Development Program, Resource, and Implementation Guide.

This is the first of several working papers to be written and disseminated to professional workers interested in lifelong education and services for handicapped citizens. The paper is written by W. Malcolm Flanagan, Research Coordinator and JoAnn Schoepke, Project Associate. It is hoped that their comments will provide stimulating thought and information about the problems encountered by our adult handicapped learners and the agencies that serve them.

We are interested in hearing from interested readers and in receiving any assistance that can be rendered in helping us to develop the type of model and materials that are needed for effective services to our handicapped citizenry. Let us hear from you.

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PREFACE

The purpose of this paper as viewed by the authors is primarily to develop the background and/or set the stage for the federally-funded project of which this paper becomes a small part. In developing this perspective it is our intent to show that lifelong learning and career education/development share a common philosophy, i.e., both incorporate the idea of learning as a continuous process throughout life. A second purpose, we feel, is that while career education as a thrust has made great strides in this decade, such strides are primarily for the non-handicapped; the result is that handicapped elementary and secondary students are not being offered this important material for their life development. Hence, when these students complete their secondary school attendance they are likely to be as unprepared for earning a living and living a worthwhile life as persons who left secondary schools many years ago. Thus, we look to a new service agency to provide new dimensions of service delivery.

Limits must, unfortunately, be placed on this working paper as is true in life generally. No attempt has been made to review every reference to our subject matter. Rather, we have attempted to select representative key references from a much more extensive bibliography. We may not have chosen the ones which readers feel are the most pertinent; however, we did continue reading until we felt we had exhausted most of the concepts and had found little new in successive references. Too, certain references we desired were not readily available and are now becoming available. We are continuing to develop our "reference lists" and plan to have a thorough bibliography as we develop the project.

We wish to express our gratitude to Donn Brolin, Project Director, who gave us the opportunity to prepare this paper and for his suggestions and supervision during the last several months. The content, however, with its merits and weaknesses, is primarily our own. We also express our appreciation to the secretaries, Joyce Price and Gene Conley, who have deciphered our handwriting and re-typed to reach the final product.

WMF
JMS

I.

INTRODUCTION

Lifelong learning as a term is bandied about today by many individuals in a variety of contexts with the meaning of the term varying according to the background of the person using it. This term, including its educational goals and ideas, has appeared in ancient writings and has re-emerged from time to time throughout the middle ages and modern times to become a popular concept of the 1970's. Because of the advantages offered by the philosophy of lifelong education and learning, the leaders at UNESCO's Institute of Education officially adopted lifelong education as its basic philosophy; future educational program development sponsored by the UNESCO Institute of Education will utilize lifelong learning as its central concept for projects in both developing and technologically advanced nations (Cropley, 1977). In the United States the concept has attracted sufficient attention to become law, known officially as Title I-B of the Amendments to the 1976 Higher Education Act, Public Law 94-482. While the term has only recently been used in discussing the needs of the severely handicapped, the basic assumptions of lifelong learning are highly pertinent for this population.

The Worker and Change

Few issues in education and rehabilitation merit more attention than the challenge of change. Persons trained in the professions are keenly aware of the necessity of "updating" themselves in order to maintain their level of competence. Because individuals within the professions have recognized this need, leaders of most professional organizations have implemented mechanisms that require continuing education units of all members in order for them to maintain licensing/certification. The time of being able to "close one's books forever" after graduation are gone for persons in the technical and professional careers. Lifelong learning has become a necessity! In fact, Cropley (1977) suggests that workers of the

future may have to abandon early gained skills and train for new skills several times in their vocational lifetime. Even a new conception of what constitutes work may emerge. Nelson (1977) reinforces this concept stating that 50 percent of what workers need to know is not now known and that students need to be taught survival skills.

A major concern of counselors in working with public school and rehabilitation clients has been to assist them to enter fields which provide for longterm opportunities for personal and vocational growth; otherwise, a client may enter a job which will be phased out in a few years or one in which promotion possibilities are poor. In either case a waste of human resources has occurred. This may be mitigated, but not removed, by examining the factors which have influenced clients to choose their work activities, as well as their goals, ambitions, and projected changes in our social and economic order. Because of the many changes that will take place it is no longer feasible to think that the public school will be able to meet the lifelong learning needs of its graduates, not to mention those who do not graduate. Knowledge is increasing faster than the amount of time covered within a person's life span; this alone prevents the school from being able to dispense sufficient information to last one a life time. Family members, particularly the father and mother, are unable to provide their offspring with much of the specific vocational learning they will need simply because that learning is not available to them. As technological changes continue to occur, our society as a whole becomes more complex and higher levels of education are needed for job performance; some persons are marrying younger and entering the labor force or are combining additional study with employment while others drop out of the labor force to enter full-time study. This makes it difficult for people to distinguish the cultural roles of such individuals; the distinction between adolescence and adulthood is even less clear today than formerly. Nor are male-female roles easily identified. A thirty-year-old student may be cooking and changing diapers while his wife works as an engineer, policewoman, or public administrator. Technological advances, unionization, and other factors have led to increased time for leisure, an endeavor for which most people have not been prepared. In a presentation to the 30th Annual Community College Conference, Hoyt (1975) predicted that substantial numbers of <u>all</u> adults in the 25-39 year old range will experience the increasing problems

of "needing to obtain a new occupational role or obtaining education in the use of leisure time (very broadly defined)" (p.297).

Lifelong Learning

Because of these changes adults have and will continue to have learning needs. In the United States the increased enrollment in adult education as well as in vocational, technical, community college, and university programs reflect unmet learning needs of adults. Public Law 94-482, the lifelong learning legislation, was passed because so many various uncoordinated programs existed that Congress determined a mechanism was needed for assessing adult learning needs and for determining ways federal resources and programs might best be used to help meet these needs. Specifically the objectives established by this legislation are to:

- plan, assess, and coordinate projects related to lifelong learning
- assist states to plan for and assess the status of lifelong learning and
- improve a wide range of activities that affect the availability of opportunities for lifelong learning

(U.S. Department of HEW, 1978).

Examples of these needs being addressed in other countries include legislation in France where the employers are being required to set aside monies for the further education of their employees; some German states as well as Australian trade unions and employers have approved paid educational leaves for employees (Cropley, 1977). These latter findings suggest that needs for additional training are being experienced by many workers and not just technical and professional workers.

Lifelong learning, as defined by a wide range of persons, is perhaps first a philosophy. A major assumption in this view is that both individuals and society are subject to change; individuals proceed through various stages of development physiologically, emotionally, socially, and intellectually, and have different learning needs at each developmental level. Changes in society are occurring, not only at the fastest pace known to mankind, but at a pace sufficiently fast that it becomes inappropriate to attempt to teach individuals all that they need to know in their lifetime; much of the data and processes taught will become obsolete and erroneous during that lifetime. Hence, it is important to teach learning skills and the attitude of seeking information as it is required to meet current needs throughout life. According to this philosophy it is incorrect to think of the first years as the years of being a student, the middle years as being a worker, and the

last years as being a former worker. Public schools should not be planned to prepare people for a static job or work activity, but should facilitate the learner's learning according to present needs. At various times individuals will have need to comprehend more about self, the world as a whole, vocational skills, social skills, and so on. The student will expect to be able to return to an educational agency whenever any learning need occurs. Such needs may be remediating early educational deficits, upgrading current vocational skills, acquiring new vocational skills, acquiring avocational skills, and learning about themselves and the society within which they live. Responsible government agencies would then provide learning programs for what today would be described as early childhood education, elementary and secondary education, higher education, adult education and would also recognize learning experiences that occur outside of schools (Cropley, 1977; Dave and Steimerling, 1973). Consistent with this thinking the U.S. Congress made the following statements about lifelong learning (U.S. Department of HEW, 1978):

- The American people need lifelong learning to enable them to adjust to social, technological, political, and economic changes.
- Lifelong learning has a role in developing the potential of all persons including improvement of their well-being, upgrading their workplace skills, and preparing them to participate in the civic, cultural, and political life of the nature (sic).
- Lifelong learning is important in meeting the needs of the growing numbers of older and retired persons.
- Learning takes place through formal and informal instruction, through educational programs conducted by public and private and other institutions and organizations, through independent study, and through the efforts of business, industry, and labor.

Life Cycle

While changes in society, occupational requirements and cultural roles are rapidly coming about, lifelong learning is also necessitated by the changing nature of individuals as they progress through the life cycle. As mentioned previously, what one must learn at any age is appropriate for that age but as one changes, learning needs also change. Houle states that "any specific kind of learning is most effectively undertaken when the time for it has come, and the total pattern of a desirable education requires an understanding of the full span of human existence" (1974, p.443).

Numerous writers dating back to classical times have developed theories regarding the life cycle and its developmental stages. Today popular writings attest to an increased interest in this topic by the general public. Each person will perhaps have his or her own preferred theory or sequence of stages; the commonality to all, however, is the fact that human beings go through a process of change that begins at birth and ends at death and at each point along the way their lives are focused on problems that are unique to that stage and require new learning. Current research and theory relevant to the developmental stages of the life cycle thus speak to the importance of the lifelong learning model for all individuals (Houle, 1974; Super, 1969; Levinson, 1978).

Career Education

In the early days of vocational guidance the counselor was working primarily with personnel considering employment. Although some of these individuals were still enrolled in secondary school programs, employment was an immediate concern. Later as the goals of vocational guidance were incorporated more extensively into secondary school programs across the nation, the focus broadened until today career education is a concern in the elementary school. Research studies have been concluded and data from them utilized to construct theories of vocational development/career education. Model programs have been developed for the various age groups based upon developmental capabilities of the students and are being implemented for the majority of students. Thus, a philosophy compatible with lifelong learning exists in the career education programs which are based on developmental characteristics of the learner. Unfortunately these programs are available to the handicapped, and especially the severely handicapped, less often than they are to the non-handicapped.

Within the past decade career education has been designated a priority area of study by the United States Office of Education for the public schools; although many school administrators have developed a "wait-and see" attitude regarding implementation (Gysbers, 1975) many administrators have recognized the importance of the role of the public school in preparing graduates in career education. However, the scope of career education as implemented ranges from the position of providing only vocational skills on the one hand to preparing persons for life in general but utilizing the concept of "career" as the central focus around which skills for all aspects of living are taught; thus for the latter approach the term career connotes preparation for one's role as a learner, producer, consumer, citizen, family member, and social-political human being. The authors of this paper

have adopted the viewpoint that man can be understood best by viewing him as a whole as human emotions and goals function as a part of a uniform whole rather than in isolation; hence, the holistic definition proposed by Brolin (1978) will be our working definition:

> Career education is the process of systematically coordinating all school, family and community components together to facilitate each individual's potentials for economic, social and personal fulfillment (p.4).

Thus, career development is designed to further each individual's "life career development" reflecting concern for the whole individual throughout life, in the various roles played in many settings, and recognizing that as people develop they continue to change and possess different needs at different stages of their lives (Gysbers and Moore, 1973).

II.

THE SPECIAL SITUATION OF THE HANDICAPPED

While lifelong learning and the ideals it promulgates are important to all members of society, they are crucial to the development of the total life roles of handicapped individuals. These individuals, because of the fragmentation, short duration and/or limited focus of educational, rehabilitation and training programs where they do exist, and the attitudinal barriers erected by society, have not been prepared to function fully in many of the roles to which they aspire or actually later find themselves. Thus, if and when they do enter the mainstream of society, it is often in a "one-down" position. This lack of training and employment is documented by Halloran (1978) who reports that only 1.7 percent of the total vocational education enrollments in fiscal 1975 were identified as handicapped, that only 4 percent of persons enrolled in CETA Title I programs as of September, 1976, were handicapped and that less than 3 percent of the public service jobs provided under CETA Titles II and VI were held by handicapped individuals. In reviewing Levitan and Taggarts' book, Posner (1978) reports additional facts revealing unemployment rates and earnings based on 1972 statistics. The national employment rates for non-handicapped men and women are 95 percent and 54 percent versus 60 percent and 29 percent for handicapped men and women respectively. The rates for severely handicapped men and women were 21 percent and 9 percent respectively. Full-time employment is the norm for the non-handicapped, but not so for the handicapped (non-handicapped men 85 percent full time, non-handicapped women 39 percent, handicapped men 47 percent, and handicapped women 15 percent with the bulk of part-time employees being the severely disabled). The handicapped persons had less education: 70 percent of the non-handicapped adults as compared to 40 percent of the handicapped completed high school and/or additional studies. Compounding the employment problem is membership in a minority status. Being Black and handicapped or being a woman and handicapped means extra disadvantages. Blacks represent 9 percent of the ablebodied adults in the USA but represent 14 percent of the handicapped. Women represent a slightly higher percent of handicapping conditions than they represent in the population as a whole. Wakabayaski et.al. (1977) have elaborated on the issues involved in the rehabilitation of ethnic minorities; meeting their needs is certainly a challenge to career education personnel who work with the handicapped.

The need for additional career education programs can be documented by still other studies which have reported evaluation results of rehabilitation clients from a variety of settings. Olshanksy (1973) conducted a follow-up of 345 psychiatrically disabled clients served by one agency. Only 21 percent were employed in regular industry and 5 percent were employed in sheltered shops or were in job training at follow-up. Forty-four percent were unemployed, 10 percent were currently hospitalized, and 22 percent had had at least one hospitalization since leaving the workshops. Two percent were in nursing homes, 5 percent had died, and 18 percent were not located. His follow-up of 222 mentally retarded clients served by the same workshop indicates some greater degree of success (1974). In this group 36 percent were employed in regular industry; two persons were serving in the armed forces and 8 persons were in technical schools for additional training. Twenty-five percent were unemployed, 16 percent were classified as unemployable, 4 percent were employed in sheltered shops, 5 percent were in institutions, and 8 percent were not located. Two persons had died. Olshanksy and Beach (1975) found similar results for 229 physically disabled clients from the same agency. Only 23 percent were competitively employed, 2.2 percent were employed in sheltered workshops, 2.2 percent were in training, 6.5 percent had never worked, 51.1 percent were unemployed, 10.1 percent were not located and 4.8 percent had died.

In studying the post-secondary school adjustment of educable retarded students from ten Minneapolis high schools during the period of 1966-1972, Brolin, et.al. (1975) found that students in a work-study group attained a significantly better overall degree of vocational adjustment than those who followed a traditional academic curriculum. However, even the work-study group had serious adjustment problems. Forty-four percent of all the students were unemployed at follow-up. Speaking at the President's Committee on Employment of the Handicapped, Viscardi (1976) has reported that only four of eleven million employable handicapped individuals are actually employed. He states that factors contributing to this situation are manifold and include inappropriate or inadequate preparation of handicapped persons by the schools, inadequate post-school services and many other factors.

In general we may describe the severely handicapped, the population of primary concern for lifelong learning and career development needs, as those individuals who are in many ways objectively and subjectively encapsulated. These individuals reside in our communities, may or may not have been previously institutionalized, and may or may not have participated in special educational, rehabilitation or training programs. Their major commonality, regardless of handicapping condition,

is that while they are not in an institutional setting neither have they been prepared to function at their full potential in the roles they might assume as active members of society. Left in a vague in-between status they often lose skills they may have learned from previous programs and may not have access to further skill development programs and an integrated system of support services. Frequently, earlier services were provided for a time limited period or the services provided earlier fail to meet current needs as the individual or society has changed. Thus, their state of objective encapsulation or isolation may be attributed to 1) lack of continuous lifelong programs to develop the vast array of role skills, 2) the barriers willingly or unwittingly placed before these individuals by society, barriers which may be attitudinal or architectural in nature, and 3) the actual limitations imposed by the disability even with the progress made by medicine and technology.

Severely handicapped individuals (specifically those who require multiple services over an extended period of time) who venture into society may experience repeated difficulties. While the learning needs of these individuals are very personalized, professionals from various fields have supplied documented examples of general areas. Sprafkin, Gershaw and Goldstein (1978) indicate that approximately one-third of the psychiatric population of the United States is repeatedly discharged and readmitted to the hospital setting. These writers have concluded from reviewing other investigations that major problems arise for these individuals in social competencies, self-management and interpersonal skills. Wilkinson (1975) speaks to the ability of individuals to find meaning and fulfillment of personal and social needs within their leisure lives; work is only one aspect of life and does not necessarily provide opportunity for self-satisfaction especially to those persons engaged in menial tasks they find degrading. He indicates that the vocational adjustment of many clients ultimately fails because of the inability to structure free time appropriately; the client thus experiences some form of failure in both spheres.

Shrey (1976) recognized the limitations of vocational and rehabilitation agencies. He suggested that post-employment services are necessary to assist individuals with personal-social adjustment at home, at work, and in the community to assure job satisfaction and stability. He specified the individual's need to adjust to family, marriage and interpersonal and social relationships within the community in order to function adequately during non-working hours. He further

suggested classes dealing with social and communication skills and recreational activities as needed alternatives to typical rehabilitation approaches. In discussing trends, issues and needs in mental retardation, Martin (Boeffing, 1975) also anticipated the needs spoken to by Shrey. Michigan Vocational Rehabilitation Service clients after a two-year period came to conclusions similar to those of Shrey. Both found a substantial amount of unemployment among the former clients and that a sizeable number of clients desired post-closure services. While post-employment services are authorized in the 1973 Rehabilitation Act and are being rendered, they are not rendered in a sufficient quantity to meet the needs of all clients.

In a similar vein, Raines (1974) speaks of areas of transactional development in life-centered education, a "transaction being the investment of self in experience while attempting to satisfy personal needs . . . giving an object or an idea or a place or a person an opportunity to have impact upon us" (p.17). Each of the six major transactional areas (personal, community, leisure-cultural, family, career, consumer) is comprised of seven subareas; some samples of the subareas include strengthening family interaction, understanding legal rights, and analyzing career opportunities. The philosophy of the program encompasses learning in order to find greater meaning in life.

Appell (1977) strongly advocates instructing handicapped individuals in vocational preparation programs in personal and social skills as "vocational failure is not predicted on lack of vocational skills as much as the inability to acquire and use social interaction skills" (p.77). However, barriers to vocational skill programs also need to be removed. Appell indicates increased program options will be available for the handicapped as a result of Public Law 94-142, the Education for all Handicapped Children Act. Program innovations and expansion of offerings for the handicapped early in life certainly will have positive effects of long lasting duration.

Professional Attitudes and the Handicapped

Phelps (1976) has indicated that educators have traditionally used labels based on a medical model for handicapped individuals, terms such as handicapped, disabled, deficient, or disadvantaged. Labeling works to the detriment of the individual: overgeneralizing, assuming the cause of a learning problem resides within the person, and relieving the school of responsibility for failure to learn. Atypical individuals have come to be characterized as having <u>implicit</u> handicaps, deficits, and liabilities.

Associated with this philosophy we find attitudes of negative value on the part of the staff and programs geared to deficits of the clients. Staff may even come to believe that their clients cannot achieve. An alternative definition proposed by Phelps refers to an individual with special needs as someone who is:

> having difficulty succeeding in a regular or special, career-oriented educational program due to the effects of a disability, disadvantage, and/or dysfunctional school placement, and who requires individually prescribed, unique and more powerful teaching techniques, supplemental or supportive services which vary in type and extent depending on individual need, and additional resources from society for his/her education and for his/her acceptance by society (p.27).

By accepting such a definition, we are acknowledging and accepting responsibility for the development of opportunities and programs that will fill these special needs. These programs must point to competencies and skills that the handicapped must attain.

Giroux and Pietrofesa (1973), in developing a program for disadvantaged adults, specify two major areas: basic education and life skills development. They indicate that the lack of problem-solving skills is frequently the reason for unemployment. A planned sequence for personal development is created with continual input from the individual involved and generally includes:

1. Developing oneself
2. Coping with home and family responsibilities
3. Using leisure time purposefully
4. Exercising rights and responsibilities in the community
5. Making responsible decisions for future work

The attitude involved in the new definition proposed by Phelps (1976) is one of hope and belief in the capacities of clients. This attitude is consistent with those who believe in lifelong education, who believe that programs can make a difference, and who request positive programs geared to achievable goals. While learning needs of individuals are diverse, most of the authors cited in this paper indicate that these needs can be broken down into few general categories. Sprafkin, Gershaw and Goldstein (1978) focus on social competencies, self-management and interpersonal skills, while Wilkinson (1975) refers to the need for meaning and fulfillment of personal and social needs within leisure as well as, or in some cases

apart from, work. Shrey (1976) refers to personal/social adjustment in various settings but in particular is interested in the interpersonal and social relationships with emphasis on communication. Giroux and Pietrofesa (1973) refer to two major areas of concern in developing a program for disadvantaged adults and labels these areas as basic education and life skills development. Raines (1974) utilizes six categories and Appell (1977) focuses on personal and social skills. In addition to these, Brolin (1978) has developed a three-way classification system which he refers to as major domains. These are daily living skills, personal-social skills, and occupational guidance and preparation. Specific competencies have been written in relationship to these three areas. With the advent of the consumerism movement it is highly imperative that those of us who work with the handicapped adopt the alternative definition proposed by Phelps (1976) and focus our training activities on competencies which our clients must have in order to compete in a partially or totally competitive environment.

At the November, 1976 meeting of the White House Conference on Employment of the Handicapped held in Washington, D.C., conferees met to define and offer recommendations regarding the problems of the job preparation and placement services for the handicapped as well as the problems the handicapped face when they attempt to utilize such services. Representatives of handicapped service consumer groups, volunteer health agencies, employers of handicapped, and professional service providers and educators discussed, among others, the following topics: funding of services; personnel preparation and certification; career education programs; parent involvement; scarcity of materials; interagency cooperation; needs of employers; consumer experiences and suggestions; and roles of workshops.

Some of the major recommendations to come out of the 1976 White House Conference on Handicapped Individuals were:

- For rehabilitation specialists to receive education and training that would sensitize them to the special needs of all handicapped people who are being prepared for job placement.
- A fully accessible transit system.
- Education provided to health professionals, employers, rehabilitation personnel, and architects that will specifically prepare them to understand the total scope of accessibility - the full range of disabilities and their unique problems.
- More active involvement by disabled persons on committees, board, and advisory councils that provide services to meet their needs.
- A systematic access to information about services and programs available to handicapped people.
- Enlarged public awareness of the inclusion of handicapped people in all aspects of community life.

- Increased employment opportunities through dynamic affirmative action programs, tax incentives for employers, and pre-vocational training of handicapped people.
- More effective health care achieved through a team approach that would include family members with the health professionals (Disabled USA, 1977).

While not listed as one of these recommendations independent living skills have become an area of concern, especially in this decade. Many handicapped individuals have recommended that independent living skills be included as a service of the state-federal delivery system for persons who are handicapped to the extent that no vocational goal is feasible. As a result of initiative by handicapped persons, both the House (H.R. 12467) and the Senate (S. 2600) bills contain provision for independent living skills. Assuming that this becomes law, major conceptual and policy provision changes will result, thus reflecting the importance of consumers and advocates in the human delivery system.

III.

DELIVERY SYSTEMS AND CONSUMERISM

Federal legislation providing for rehabilitation services for the physically disabled was first passed approximately sixty years ago. It is not surprising that the first national rehabilitation program was designed for the physical restoration and vocational adjustment of wounded soldiers. Although the original program was modest in size it was soon extended to the civilian population; while a few states had already legislated their own programs of rehabilitation, this 1920 legislation marked the beginning of the state-federal rehabilitation system. This system has existed as a viable model for nearly sixty years and is today the dominant rehabilitation program of the nation. Hence, it is the program most often being referred to when the word "rehabilitation" is used. This program has grown financially and has increased its scope so that today mental retardation and emotional disabilities are included and comprise nearly half of the rehabilitation counselor's case load. The basic operation of the program is to provide the needed medical, educational, and personal/social services needed to place an individual in employment or return to employment those who were employed prior to the onset of disability. While a substantial amount of money may be spent to rehabilitate a person, that person is expected to begin earning a salary or wages within a relatively short time period. Upon or after a reasonable period after returning to work, the client is no longer financially dependent but instead is a tax-paying citizen earning enough to return in taxes a financial sum equal to or greater than the cost of rehabilitation.

Since the first federal law was passed by congress authorizing rehabilitation services, the program has broadened its scope not only to a wider variety of clients such as the emotionally disturbed but also to those whose disabilities are more severe. In order for the state-federal program to operate, the rehabilitation counselor is required to coordinate a rather large caseload. In order that the counselor provide for individuals within this large caseload, very litte time is available to spend with each client. Requests for approval of expenditures often are processed at a pace much slower than the rehabilitation client anticipated; too, some counselors "burn out" and fail to be as concerned as they previously had been. In most cases the early counselors were trained in both counseling skills and case management on the job as there were few official training programs until 1954. In a large number of cases the rehabilitation plan was a plan only in the counselor's mind or in his notes; the client did not necessarily assist in its development. Perhaps it was thought by a few that the person receiving rehabilitation should be grateful for

whatever services were received, an idea consistent with the old attitude of the wealthy dispensing his/her charity to the poor. However, this has not been, and is not, the philosophy of the state-federal system. Rather, as Hoehne (1977) has expressed, the philosophy of this system is to provide services as "a matter of equity, enlightenment, justice and basic individual right" (p.373). Hoehne concludes that the present delivery system works well for those persons who receive services through this system but explains that there are many handicapped individuals who do not meet eligibility criteria of the program or whose problems are such that this delivery system is not responsive to them. Examples are persons whose handicaps are judged to be too great to establish a vocational objective, children who are too young, and older adults who have passed the normal time of retirement. The numbers of such persons is much greater than has generally been estimated.

Limitations and Strengths

Weaknesses seen by consumers in most of our human service delivery systems include large caseloads and inadequate funding; another feature is bureaucratic red tape. Any one or all of these factors could be limitations for the person who needed to be referred for services such as longterm evaluation or work adjustment. These services are provided by the voluntary sector in most states and often a workshop as a modus operandi is used for observing, evaluating, and modifying a client's behavior. In many cases clients have complained that counseling was not available to them in either system, that promised services were not obtained or were obtained months after a promised delivery date, that the counselor was unconcerned, that he/she did not understand or respect the handicapped, or perhaps that the counselor was condescending to the client (Rice, 1976). These criticisms may be directed at the rehabilitation provider of services whether that person is in the state-federal program or in the voluntary sector where the state counselor frequently purchases services.

While acknowledging that there are weaknesses in the system, its strengths are many, and in fact, the rehabilitation program is the only human service delivery system that is effective in meeting its objectives according to Hoehne (1977). One of the reasons why it is effective is that it is concerned solely with assisting handicapped individuals. Management Services Associates, an independent (non-governmental) firm specializing in the planning and evaluation of government programs in the field of human services, studied the effectiveness of state-federal programs for the blind in their various organizational structures in the states. This group concluded

that the same type of skills used in management and program delivery work well in tangible endeavors such as materials procurement, but do not work well in those intangible fields such as human service delivery systems. Success can be attained in combined human service fields "only if the personal client relationships are preserved and the intensity of the relationships maintained. The report claims that the failure of welfare programs to meet the needs is due to the failure to resolve the problems that create the needs" (Hoehne, 1977, p.379). Two myths are involved in the thinking of those management-oriented persons who wish to develop "umbrella" agencies. The first is that just because some functions sound alike they are, in fact, alike. The second is "economy of scale", implying that more is of greater efficiency. When talking of problems of people neither concept applies. The "umbrella" agency philosophy ignores vital considerations such as "differences in approach, operational strategy, clients being served, and specialized training of staff for effective client services" (Mallas, 1975, p.10-11).

Consumer Involvement

Regardless of whether the agency is large or small, weaknesses in terms of both program delivery and human relations will exist. Recently, handicapped people have banded together and become more assertive patterned after the civil rights groups of the 1960's. Prior to this time the blind were the only group of handicapped persons who had organized and presented their requests to Congress. The experience of this group was, no doubt, helpful in bringing together persons with all kinds of disabilities. In addition to the causes of dissatisfaction already mentioned, President Nixon had vetoed two rehabilitation acts pased by Congress. Handicapped citizens brought their protests to the attention of their congressmen strongly enough to be heard; of particular importance is that they were asked to testify about the strengths, weaknesses, and needed changes in the rehabilitation program prior to the passage of the 1973 Rehabilitation Act. As a result of this legislation the consumer and the provider of rehabilitation services are mandated to work together.

Daniels (1976) and Rice (1976) report specific consumer activities mandated by the 1973 Rehabilitation Act. These are: mandated advisory councils for state agencies, required affirmative action personnel policies, client assistance projects to develop a model of client advocacy, individualized written rehabilitation plans for each client to be developed in a cooperative manner, participation in training programs, and a reordering of priorities in favor of the severely handicapped.

Section V of this legislation is "civil rights legislation" and is being utilized by the Congress to direct HEW and the Office of Civil Rights to police programs for the handicapped as provided by the Rehabilitation Act (Public Law 93-112), the Education for all Handicapped Children Act (Public Law 94-142), and the Educational Amendments of 1976 (Public Law 94-482). With these three laws in operation, new opportunities and programs should develop which will offset many of the external discriminatory variables such as architectural barriers; hopefully these will lead to change in the subjective state of many of these handicapped individuals and their guardians. Without these new programs the obstacles to overcoming feelings of anomie and entrapment may be so great and the coping skills required so far beyond the resources available in any one person's repertoire, that even those who are highly motivated to achieve may come to abandon their plan. These laws make it possible for consumers and providers to focus on removal of physical and attitudinal barriers rather than label the restricted individual a "mental health" case; one need not accept these barriers as permanent in order to accept his/her disability.

Emphasizing the Positive

These new laws provide the financial backing for many new programs, teeth for the enforcement of civil rights including a free appropriate public education in the least restrictive environment, and necessary learning aids for progressing in vocational education. As of September, 1978, all public schools must comply with the programmatic aspects of Education for All Handicapped Children's Act and the civil rights section of the 1973 Rehabilitation Act. Minimally this means that a program to identify all handicapped children must be implemented, each student must have an individualized educational plan with either the student or parents or both present in agreement, placement must be in the least restrictive environment, evaluation must be conducted in the learner's most facile language, and discrimination on the basis of handicap must be eliminated. In addition, 10 percent of the federal monies spent for vocational education must be spent specifically for the handicapped and must be matched by local funds. Vocational educators must learn to work with the handicapped (Phelps and Albright, 1977). Public Law 94-482 reflects the need for lifelong learning and Public Law 94-142 mandates programs to age 21. Overlapping these provisions are the amendments to the 1976 Higher Education Act, earlier referred to as the Lifelong Learning Act.

It is important to emphasize at this point that the success of any program should be measured by the progress of individual participants toward holistic development,

optimal life adjustment, and a positive self concept. The initial step to make these goals a reality is to offer opportunities to learn life skills in a manner most appropriate to individual needs. In the past, special needs persons often have not been afforded these opportunities. Personal productivity, motivation, self esteem, improvement in the quality of life and an increase in the number of options available to the handicapped individual are but few of the by-products on a continuum of personal growth possible once specific skill needs are assessed and appropriate learning opportunities and support services offered. Programs will be successful to the extent that our attitudes are helpful rather than harmful, we accept the handicapped as individuals with varying personalities, potentials, and goals, and accept the responsibility to develop appropriate processes for implementing these programs. Daniels (1976) points out that the rise of consumer involvement reflects a political and social maturation on the part of disabled citizens and that the career education professional can now develop a more nearly equal-to-equal relationship with clients. In the rehabilitation process the client must now be treated as an adult capable of making career decisions. The consumer can be utilized as a resource in many ways and both the rehabilitation process and the consumer will be strengthened.

IV.

COMMUNITY COLLEGES

In order to implement lifelong learning programs for the handicapped we must look to agencies whose directors recognize the need for learning opportunities for persons possessing diversified backgrounds. While a large number of federal and state agencies are designed to alleviate a wide range of human needs, it is difficult to conceive of an agency that provides for multi-learning needs to a greater extent than does the community college. The community college offers counseling, testing, career development services, basic adult education programs, remedial programs in many areas of communication and mathematical skills, vocational and technical programs of short-term and long-term duration, two-year transfer programs, special short-term academic courses and non-credit popular interest courses. As an agency or institution it is within commuting distance of most citizens, it commands a positive image in the community, its doors are open to both day and evening students, full-time and part-time students, students of all ages and of all backgrounds. Vocational/technical programs offered in the community college are generally based on needs assessment surveys of the immediate and surrounding communities of which they are a part. Many of the student personnel staff are highly visible in that they interact with local secondary students and staff and assist potential students with admission, advisement and enrollment including placement in appropriate level courses. Many of the community colleges have developed wide-ranging outreach programs including special programs and personnel for the disadvantaged and handicapped. In addition most of the community colleges are housed in fairly new facilities with fewer architectural barriers than older, more established facilities. Rothman (1968) refers to the community college as an uniquely American educational experiment with a commitment to helping a variety of traditionally non-college-attenders attain a level of proficiency commensurate with traditional college training but without regard to previous background. He concludes that the community college may offer major advantages to the student with handicaps. Too, monies are now available through the Regional Education Program for Handicapped Persons, administered by the Bureau of Education for the Handicapped, to administrators who wish to provide their handicapped students with special programming and other assistance (Ladson, 1976). This money is provided directly to the institution rather than to the handicapped individual and would complement funds provided by the Vocational Amendments of 1976 and other laws mentioned earlier.

The program and services of the community college referred to above are designed to assist the handicapped individual whose physical and intellectual abilities and whose goals are in accord with college or vocational/technical instruction. Some community colleges have, however, extended their services to groups not usually served by such agencies of higher education. Broward Community College (Leon, 1977) has developed a program offering practical continuing education courses, companionship, and social activities to mentally retarded young adults. Instruction is provided both in old skills which have been lost through lack of use or lack of reinforcement and in new skills needed for survival. Thornley (1976) reports that the state of Washington Community College System is offering a wide range of evening courses for adult retarded individuals. The goal for these persons is integration into regular community college courses for the enrichment such experiences would provide. Wada and Brodwin (1975) indicate that at least one California community college has developed a rehabilitation program designed to provide services for a wide range of clients with physical problems. While we believe that the number of community college programs designed for similar groups is definitely small, their presence reflects the richness and diversity of the community college.

V.

CONCLUSION

In this paper the position has been taken that severely handicapped individuals face lifelong career education needs parallel to non-handicapped persons (Levinson, 1978) and that programs to provide these services do not now exist. In fact, career education programs for the handicapped exist to a lesser extent than for the non-handicapped. The Rehabilitation Act of 1973, the Education for all Handicapped Children Act, the Educational Amendments of 1976 (Vocational Education) and the Lifelong Learning Act of 1976 make it imperative that programs be developed to meet these needs. Lifelong learning was defined and the extent that its philosophy has pervaded our twentieth century society was described. Societal changes require new conceptualizations of self, work, and the world as a whole. Deficiencies in opportunity for the handicapped were documented and a new conceptual model to alleviate these needs was briefly outlined. Principles to follow in setting up a delivery service must include viewing the client as an active agent, capable of making many decisions as a partner in the process of education and rehabilitation. Through the development and implementation of the Lifelong Career Development Project, it will be possible for those handicapped individuals served a limited few, to find the support and coordinated services necessary to enable them to function at their fullest potential and effectively meet their lifelong learning needs. We believe that projects such as this and programs designed under the anticipated Independent Living Services legislation will provide a means to human dignity to a segment of the population who previously did not qualify for state-federal programs and have received inadequate services.

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APPENDIX

Programming Retarded in Career Education (PRICE)
22 Competencies[1]

1. Managing Family Finances
2. Selecting, Managing and Maintaining a Home
3. Caring for Personal Needs
4. Raising Children, Enriching Family Living
5. Buying and Preparing Food
6. Buying and Caring for Clothing
7. Engaging in Civic Activities
8. Utilizing Recreation and Leisure
9. Getting around the Community (Mobility)
10. Achieving Self Awareness
11. Acquiring Self Confidence
12. Achieving Socially Responsible Behavior
13. Maintaining Good Interpersonal Skills
14. Achieving Independence
15. Achieving Problem Solving Skills
16. Communicating Adequately with Others
17. Knowing & Exploring Occupational Possibilities
18. Selecting & Planning Occupational Choices
19. Exhibiting Appropriate Work Habits & Behaviors
20. Exhibiting Sufficient Physical-Manual Skills
21. Obtaining a Specific Occupational Skill
22. Seeking, Securing, & Maintaining Employment

[1]Brolin, D. (Ed.). Life centered career education: a competency based approach. Reston, Virginia: Council for Exceptional Children, 1978, p.10.